

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Cassandra Dow Heneault
Printed Name

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

LISA JILL CADAN	MEMBER			App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	BRISTOL	RI	02809	
N/A	Own. % Business Associated with		Effective Own. % in Applicant	
CASSANDRA DOW HENEULT	MEMBER			App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	NORTH SCITUATE	RI	02857	
N/A	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
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Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
N/A			


 Authorized Signatory

2/17/2017
 Date

Cassandra Dow Heneault
 Printed Name